

Provider Complaint Summary Report

Health Plan ID: 2162446
Health Plan Name: Community Health Solutions of Louisiana
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/1/2013
Report Period End Date: 10/31/2013

BAYOU HEALTH Reporting

Document ID: SI182
Document Name: PROVIDER COMPLAINT SUMMARY REPORT
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

Reporting Period	COMPLAINT STATUS	Total # of Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Pending or Closed 31 to 90 Days Post File Date ¹	# Pending or Closed >90 Days Post File Date ¹
			Claims/ Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other		
Oct-2013	Complaints Received this Month	425									
	Total Closed this Month	197	173			15			8	2	
	Withdrawn by Provider	1									
	Per Internal Plan Complaint Process	179	158			15			6	1	
	Per DHH Review										
	Per DAL/State Fair Hearing										
	Other	17	15						2	1	
	Total Pending (cumulative as of month end)	248	247				1		1	3	1
	Information needed from Provider									1	
	Internal Plan Review	242	241						1		
	Referred to DHH	2	2							1	1
	Appeal Filed with DAL										
	Other	4	3				1			1	
2013 Year to Date (YTD)	Total Complaints Received YTD	3135									
	Total Closed YTD	2958	2845	1	33	31	1	6	41		
	Withdrawn by Provider	90	75		11			2	2		
	Per Internal Plan Complaint Process	2719	2643		21	27	1	3	24		
	Per DHH Review	11	9						2		
	Per DAL/State Fair Hearing										
	Other	138	118	1	1	4		1	13		

This purpose of this report is to capture and track the volume, type and status of PROVIDER complaints. A complaint includes any provider dispute of the CCN’s policies, procedures, or any aspect of the CCNs administrative functions. **It DOES NOT include any provider appeals for the denial, reduction or suspension of medically necessary services nor any grievances or appeals filed by providers on behalf of members**, those are reported on the State Fair Hearing reports. Complaints should be relevant to Health Plan specific policies and practices and NOT to individual claim items. Please refer to Definitions for status & category details.

¹You must submit a complaint summary sheet detailing all pending or closed (A1) complaints not resolved within 30 to 90 days a(see format on "SI 182-attachment" TABS)

SI-182 - Attachment 1: Summary listing for Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Community Health Solutions of Louisiana
Reporting Period: 10/01/2013-10/31/2013

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
6/28/2013	***	Alexandria Eye & Laser Center	Claim is being denied for error code 692	Will research and contact Molina for a reason to the denial. Sent an email to *** at Molina on 7/9/2013 with all of the information to determine why it is denying for the 692. The procedure code is not a manually priced procedure. Still under review with DHH. Molina has the procedure listed at a PAC 810 Price Manually but on the fee schedule it doesn't reflect that it is a manual priced code. Per ***, the procedure file has been updated the claim can be reprocessed. As of 9/3, procedure file was updated with 2/1/2013 date instead of 2/1/2012. CHS is waiting for the file to be updated with the beginning date of Bayou Health so that the claim can be resubmitted for payment. As of 10/1/2013 the procedure file has been updated, the claim has been resubmitted by CHS and denied again for the 692 denial. This matter has been given over to DHH for review on how to proceed with the edits within the FI payment system.		125	P3
8/20/2013	***	Mitchells Pediatrics 318-4871602	Provider claims were not paid.	Conference call with provider set up for 10/1/13.	10/1/2013	42	C2
8/22/2013	***	Bayou Pediatrics; Houma; (985) 872-6405	Hospital claim for newborn rejected for discharge date	08/22/2013 - Asked *** to fax me a copy of the claim and any other information she has 08/30/2013 - Received claim and forwarded to our claims department 09/09/2013 - Received notification claim was not scanned correctly. Procedure 99238 was processed as 7/28/2013 causing the actual DOS charge to deny. The adjustment was processed on 9/10/2013, changing the DOS to 7/29. Provider was contacted with the information. The DOS 7/28 can now be processed. Provider submitted a paper claim, CHS received it on 10/4, paid on RA 10/15/2013.	10/15/2013	54	C4

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P4-Other	C4-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
8/29/2013	***	Alferez LLC; 504-644-4787	CHS is referring patients to provider that are outside of age restrictions	9/26/2013- Emailed Member Services to check status of linkage changes; 9/26/2013- MPS responded that they are waiting on a response from provider; member had sterilization on 8/7/13 (after delivery); no history of hysterectomy. Rejected for 749 per Molina. Tubal was done 7/29/2009. Precert was applied to the claim. The logic at Molina will not let this bypass. Sending to DHH for review.		63	P4
9/18/2013	***	Parish Anesthesia of New Orleans, 866-570-0077	Denying delivery billed after hysterectomy was done.			43	P3